

DRAFT

Items for Total Exposure Study Questionnaire

This document presents items to be used in designing a questionnaire for the Total Exposure Study. The items included here, in addition to determining study eligibility, will collect information that is needed to address the primary and secondary objectives as identified in the study design:

Primary objective – To determine the exposure to selected components of whole cigarette smoke of the U.S. population of cigarette smokers based on suitable biomarker(s) and publish results by 12/31/2001.

Secondary objective - To investigate whether the smoke exposure of US smokers if cigarettes in 5 segments of tar delivery covering the whole US cigarette market differs.

These items were compiled based on input from scientists in WSA who indicated what information should be collected and what the exclusion criteria were. As indicated in the study design subjects who exhibit the following characteristics are to be excluded from the study:

- Use of non-tobacco nicotine products;
- Diseases which could interfere with the measured health effect surrogates;
- Workplace cadmium exposure;
- Pregnant women;
- Persons of less than 20 years of age

The items are based on questions from major studies that includes the following:

1986 IARC – International Agency for Research on Cancer
1986 AUT – Adult Use of Tobacco Survey
BRFSS – Behavioral Risk Factor Surveillance System
1999 NHIS – National Health Interview Survey

Determining eligibility will be a two step process including a telephone screening interview and an initial interview. Subjects who remain eligible after the first interview will be given instructions at the end of the interview for urine collection and will be told to return all used cigarette butts from that point until they return (within 24 hrs) for the final interview.

Telephone interview: The purpose of this interview is to provide an initial assessment of a subject's eligibility for the study. Subjects will be deemed ineligible during the telephone interview if they meet any of the following criteria:

- Less than 20 years of age
- Are pregnant (females)
- Use a non-tobacco nicotine product
- Smoke a tobacco product other than cigarettes

Subjects who meet the initial screening criteria will then be asked to come to a site for the first interview. The interview itself will be staff-administrated.

Interview: Part I

Subjects will be asked questions pertaining to demographics, medical history, smoking history, occupational and other chemical exposures. This component of the interview will determine eligibility of subjects for further participation in the study based on occupational and other exposures.

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3-dee

Doc. Code: P0622

Page 1

PM3001498674

DRAFT

Items for Total Exposure Study Questionnaire

Subjects who are deemed ineligible for further participation at the end of the first interview will be those who:

- Have certain occupational exposures
- Have quit smoking within the past six months
- Have medical conditions which preclude participation
- Are taking certain medications

Persons who remain eligible will be asked to return for a second interview within 24 hours. They will be given instructions for urine collection and for return of cigarette butts and packs.

Interview: Part II

The subject will undergo a medical examination that will include:

When the medical examination is complete, the second part of the interview will be conducted. During this phase of the interview process, the subject will be asked detailed questions on smoking, household heating, physical activity, and ETS exposure.

The items for the questionnaire are outlined as follows:

Screening

- Age
- Pregnancy status
- Smoking status and type
- Use of non-tobacco nicotine products
- Exposure to other chemicals

Interview: Part I

- Demographics
- Medical history
- Cigarette Use
- Occupational exposures
- Other chemical exposures

Interview: Part II

- Home heating systems
- Diet
- Alcohol use
- Medications and vitamins
- Physical Activity
- Environmental tobacco smoke exposure
 - Household exposure
 - ETS indoors, in places other than the home, work premises, vehicles
- Cigarette information
 - Assessment
 - Butts/Packs

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 2

PM3001498675

DRAFT
Items for Total Exposure Study Questionnaire

TELEPHONE SCREENING

Purpose: To determine whether subjects meet the basic eligibility criteria.

Method: Telephone interview

ITEM	ACTION	SOURCE
What is your age? _____ And your gender is? (Male or Female)	If age is less than 20 terminate interview	
<i>If age is > 20 less than female and sex is female:</i> Are you currently pregnant or nursing? (Yes No)	If yes, terminate interview	1999 NHIS
Do you now smoke: Cigarettes (Yes No) Cigars (Yes No) Pipe (Yes No)	If yes to Cigars and/or Pipe, ineligible	Modified AUT
Have you ever smoked (PRODUCT) on a regular basis: Cigarettes (Yes No) Cigars (Yes No) Pipe (Yes No)		Modified AUT
How long many years or months has it been since you smoked: Cigarettes _____ months Cigars NUMBER OF years Pipes _____	If 6 months or less for other than cigarettes, then ineligible	
Do you chew tobacco or snuff? Tobacco (Yes No) Snuff (Yes No)		
Have you ever chewed (PRODUCT) on a regular basis? Tobacco (Yes No) Snuff (Yes No)	If "No" to both, go to question re: use of non-tobacco nicotine products.	
How long has it been since you chewed Tobacco (Months/Years) Snuff (Months/Years)		
Are you currently using any non-tobacco nicotine products such as (patch, gum, etc.)?	If yes, terminate interview	

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F:\Pilot Total Exposure Study\Questionnaires.doc G:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 3

PM3001498676

DRAFT
Items for Total Exposure Study Questionnaire
INTERVIEW: PART I

Purpose: To obtain demographic profile, medical history and determine cigarette smokers and non-smokers. For cigarette smokers, determine weekday versus weekend cigarette use. Instructions will be given regarding sample collection, cigarette butt and pack collection for return on next visit. At this stage, subjects will be ineligible if they smoke multiple products, use non-tobacco nicotine products, or are exposed to specific chemicals that interfere with biomarker measures. At the end of the interview, subjects will receive instructions for sample, cigarette butt and pack collections for their return visit. They will be asked to bring in all of their prescribed and other (non-traditional) medicines.

Method: Staff administered

ITEM	ACTION	SOURCE
Demographics		
What is your sex/gender? (Male Female)		
What is your date of birth? (mm/dd/yy)		
What is your race/ethnicity? <u>White/Caucasian</u> <u>Black/African American</u> <u>Asian /Pacific Islander</u> <u>Native American Indian,</u> <u>Alaska Native Aleut</u> <u>-Or</u> <u>Other (specify) _____</u> <u>Note: Adult Use of Tobacco Survey uses only</u> <u>three designations: White, Black and Other</u>		2000 BRFS
Are you of Spanish or of Hispanic origin?		2000 BRFS
Are you: <u>Married/Cohabiting</u> <u>Divorced</u> <u>Widowed</u> <u>Separated</u> <u>Never been married</u> <u>Or</u> <u>A member of an unmarried couple</u>	<u>Edits are consistent with NTIS study.</u> <u>However, since objective is to assess</u> <u>exposure, would consider including</u> <u>status of "Separated."</u>	2000 BRFS
What is the highest grade or year of school you completed? <u>Never attended school or only attended</u> <u>kindergarten</u> <u>Grades 1 through 8 (Elementary)</u> <u>Grades 9 through 11 (Some high school)</u> <u>Grade 12 or GED (High school graduate)</u> <u>College 1 year to 3 years (Some college or</u> <u>technical school)</u> <u>College 4 years or more (College graduate)</u>		
Are you currently: <u>Employed for wages</u> <u>Self-employed</u> <u>Out of work for more than 1 year</u> <u>Out of work for less than 1 year</u> <u>Homemaker</u> <u>Student</u> <u>Retired</u>		2000 BRFS

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Doc. Code: P0622

Page 4

PM3001498677

DRAFT
Items for Total Exposure Study Questionnaire

Or Unable to work		
<u>In what industry are you employed?</u>	<u>Adams/Jones to provide an industry list.</u> <u>Can possibly screen-out persons with</u> <u>certain occupational exposures.</u>	
<u>What is your title?</u> <u>And what are your activities on this job?</u>		

DRAFT
Items for Total Exposure Study Questionnaire

ITEM	ACTION	SOURCE																										
Demographics																												
Is your annual household income from all sources: a. Less than \$25,000 (\$20,000 to < \$25,000) b. Less than \$20,000 (\$15,000 to < \$20,000) c. Less than \$15,000 (\$10,000 to < \$15,000) d. Less than \$10,000 e. Less than \$35,000 (\$25,000 to < \$35,000) f. Less than \$50,000 (\$35,000 to < \$50,000) g. Less than \$75,000 (\$50,000 to \$75,000) h. \$75,000 or more	If "no," ask e; if "yes," ask b If "no," code a; if "yes," ask c If "no," code b; if "yes," ask d If "no," code c If "no," code f If "no," code g If "no," code h	2000 BRFS																										
Medical History																												
Place a check-mark by the following diseases or conditions for which you have ever been diagnosed by a doctor. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td>High blood pressure</td><td>Hay fever</td></tr> <tr><td>Heart disease</td><td>Asthma</td></tr> <tr><td>Stroke</td><td>Stomach ulcer</td></tr> <tr><td>Diabetes</td><td>Duodenal ulcer</td></tr> <tr><td>Gall stones</td><td>Diverticulosis</td></tr> <tr><td>Chronic indigestion</td><td>Rectal polyps</td></tr> <tr><td>Kidney stones</td><td>Colon polyps</td></tr> <tr><td>Bladder disease</td><td>Thyroid condition</td></tr> <tr><td>Cirrhosis of the liver</td><td>Arthritis</td></tr> <tr><td>Tuberculosis</td><td>Breast cysts</td></tr> <tr><td>Chronic bronchitis</td><td>Gynecological problems</td></tr> <tr><td><u>Cancer</u></td><td><u>Sickle Cell Disease</u></td></tr> <tr><td>Emphysema</td><td>Hepatitis</td></tr> </table> Any other serious disease (specify) _____ _____ _____	High blood pressure	Hay fever	Heart disease	Asthma	Stroke	Stomach ulcer	Diabetes	Duodenal ulcer	Gall stones	Diverticulosis	Chronic indigestion	Rectal polyps	Kidney stones	Colon polyps	Bladder disease	Thyroid condition	Cirrhosis of the liver	Arthritis	Tuberculosis	Breast cysts	Chronic bronchitis	Gynecological problems	<u>Cancer</u>	<u>Sickle Cell Disease</u>	Emphysema	Hepatitis		CPS II
High blood pressure	Hay fever																											
Heart disease	Asthma																											
Stroke	Stomach ulcer																											
Diabetes	Duodenal ulcer																											
Gall stones	Diverticulosis																											
Chronic indigestion	Rectal polyps																											
Kidney stones	Colon polyps																											
Bladder disease	Thyroid condition																											
Cirrhosis of the liver	Arthritis																											
Tuberculosis	Breast cysts																											
Chronic bronchitis	Gynecological problems																											
<u>Cancer</u>	<u>Sickle Cell Disease</u>																											
Emphysema	Hepatitis																											
For each condition or symptom, indicate the following: <ul style="list-style-type: none"> • Treatment or Complications • Status: Ongoing; Inactive or recovered • Date of onset • Date of resolution 																												
<u>Describe any family history or genetic concerns.</u> (Please list family member in relation to self (i.e., mother) and name of condition (diabetes))																												
<u>List all prescriptions and over-the-counter medications that you take and prescribed times for taking them.</u>																												
Smoking History																												
Are you currently using any non-tobacco nicotine products such as (patch, gum, etc.)?	If yes, ineligible																											

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Doc. Code: P0622

Page 6

PM3001498679

DRAFT

Items for Total Exposure Study Questionnaire

Do you now smoke:	If yes to Cigars and/or Pipe, ineligible	Modified AUT
Cigarettes (Yes No)		
Cigars (Yes No)		
Pipe (Yes No)		
Have you ever smoked (PRODUCT) on a regular basis:		Modified AUT
Cigarettes (Yes No)		
Cigars (Yes No)		
Pipe (Yes No)		

ITEM	ACTION	SOURCE
Cigarette Use		
How many years or months has it been since you smoked: Cigarettes _____ months Cigars _____ NUMBER OF years Pipes _____	If 6 months or less for other than cigarettes, then ineligible	
Approximately how long have you been smoking cigarettes fairly regularly?	If 6 months or less than ineligible?	1986 Modified AUT
Would you describe yourself as an occasional, moderate, or heavy smoker?		
We are interested in the number of cigarettes people smoke in a day. On the average weekday, that is, Monday through Friday, how many cigarettes do you usually smoke a day. <u>Would you say that you smoke:</u> <u>Less than 1/2 pack per day?</u> <u>1/2 to 1 pack per day?</u> <u>1 1/2 pack per day</u> <u>More than 1 1/2 but less than 2 packs per day?</u> <u>2 - 2 1/2 packs per day</u> <u>More than 2 1/2 packs per day? (PROBE)</u> <u>No. of packs per day: _____</u> <u>No. of cigarettes per day: _____</u> <u>_____ None</u> <u>Less than one cigarette per day: _____</u> Let's see, at 20 cigarettes per pack, that makes (NUMBER) cigarettes per day, is that correct? _____ (Yes No)		
<u>And would you say that, during the week, you smoke (insert amount from above):</u> <u>Fairly evenly throughout the day?</u> <u>More in the morning? Or</u> <u>More in the afternoon? Or</u> <u>More in the evening?</u>		
Over the weekend, how many cigarettes do you smoke. <u>Would you say that you smoke:</u> <u>Less than 1/2 pack per day?</u> <u>1/2 to 1 pack per day?</u> <u>1 1/2 pack per day</u> <u>More than 1 1/2 but less than 2 packs per day?</u> <u>2 - 2 1/2 packs per day</u> <u>More than 2 1/2 packs per day?</u>		

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 7

PM3001498680

DRAFT

Items for Total Exposure Study Questionnaire

<p>more than (Number in <u> </u>) cigarettes a day, less than (Number in <u> </u>) cigarettes a day or about (Number in <u> </u>) cigarettes a day?</p> <p>—More than</p> <p>—Less than</p> <p>—About the same</p> <p>—Don't know</p>		
<p>And would you say that, over the weekend, you smoke (insert amount from above):</p> <p>Fairly evenly throughout the day?</p> <p>More in the morning? Or</p> <p>More in the afternoon? Or</p> <p>More in the evening?</p> <p>On the average, how many cigarettes do you smoke a day on the weekend?</p>		
<p>No. of packs per day: <u> </u></p> <p>No. of cigarettes per day: <u> </u></p> <p><u> </u> None</p> <p><u> </u> Less than one cigarette per day: <u> </u></p> <p>Let's see, at 20 cigarettes per pack, that makes (NUMBER) of cigarettes per day, is that correct?</p> <p><u> </u> (Yes No)</p>		
<p>Was there ever a timeperiod when you smoked MORE than (Number in <u> </u> or <u> </u>, whichever is larger) cigarettes a day?</p> <p>Yes</p> <p>No</p> <p>Don't know</p> <p>If Yes, continue: with Question <u> </u></p>		
<p>During the period that you smoked more cigarettes than you currently do, would you say that you smoked (Note: Only give options that are greater than what currently smoke):</p> <p>Less than 1/2 pack per day?</p> <p>1/2 to 1 pack per day?</p> <p>1 1/2 pack per day</p> <p>More than 1 1/2 but less than 2 packs per day?</p> <p>2 - 2 1/2 packs per day</p> <p>More than 2 1/2 packs per day?</p> <p>when you were smoking the most, how many cigarettes did you usually smoke a day?</p> <p>No. of packs per day: <u> </u></p> <p><u> </u> No. of cigarettes per day: <u> </u></p> <p><u> </u> Don't know <u> </u></p> <p>—Let's see, at 20 cigarettes per pack, that makes (NUMBER) cigarettes per day, is that correct?</p> <p><u> </u> (Yes No)</p>		

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 8

PM3001498681

DRAFT
Items for Total Exposure Study Questionnaire

ITEM	ACTION	SOURCE
Cigarette Use		
<p><u>And when was it that you smoked (Enter response for how many smoked when smoked more)?.</u></p> <p><u>Was it</u></p> <p><u>1 to 3 months ago</u></p> <p><u>Greater than 3 but less than 6 months ago</u></p> <p><u>6 months to a year ago?</u></p> <p><u>More than one year ago?.</u></p> <p><u>Approximately how long ago was it that you stopped smoking (NUMBER) of cigarettes a day?</u></p> <p><u>Days</u> _____</p> <p><u>NUMBER OF</u> <u>Weeks</u> _____</p> <p><u>Months</u> _____</p> <p><u>Years</u> _____</p>		
<p><u>Was there ever a time that you smoked less cigarettes per day?</u></p> <p><u>Yes</u></p> <p><u>No</u></p> <p><u>If Yes, ask:</u></p> <p><u>During the period that you smoked less cigarettes than you currently do, would you say that you smoked (Note: Only give options that are less than what currently smoke):</u></p> <p><u>Less than 1/2 pack per day?</u></p> <p><u>1/2 to 1 pack per day?</u></p> <p><u>1 1/2 pack per day</u></p> <p><u>More than 1 1/2 but less than 2 packs per day?</u></p> <p><u>2 - 2 1/2 packs per day</u></p> <p><u>More than 2 1/2 packs per day?</u></p>		
<p><u>And when was it that you smoked (Enter response for how many smoked when smoked less)?.</u></p> <p><u>Was it</u></p> <p><u>1 to 3 months ago</u></p> <p><u>Greater than 3 but less than 6 months ago</u></p> <p><u>6 months to a year ago?</u></p> <p><u>More than one year ago?.</u></p>		
<p><u>What is the full name of your preferred brand of cigarettes?</u></p> <p><u>Are they (Please circle all that apply)</u></p> <p><u>Ultra Lights, Lights, Milds, Medium or Full Flavor:</u></p> <p><u>Menthol or Non-Menthol (Regular)</u></p> <p><u>Kings, 100s, or 120s;</u></p> <p><u>Box or Soft Pack</u></p> <p><u>Filtered or Non Filtered</u></p> <p><u>, do you usually smoke now? (IF RESPONDENT ANSWERS WITH MORE THAN ONE BRAND,</u></p>	<p><u>Adams/Jones to provide brand list with tar levels.</u></p> <p><u>Resolution needed on use of 4 or 5 tar levels: full, low, ultra low, and super low vs> ultra lights, lights, milds, medium, and full flavor.</u></p>	

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F:\Pilot Total Exposure Study Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 9

PM3001498682

DRAFT
Items for Total Exposure Study Questionnaire

PROBE FOR BRAND SMOKE MOST OFTEN. _____ BRAND SMOKED Scented/Herbal Generic Rolled own cigarettes		
Approximately how long have you been smoking (BRAND)'s _____ NUMBER OF Days of weeks Months Years Don't know		
<u>Do you currently smoke an alternate brand?</u> <u>If Yes,</u> <u>Are they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u> <u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u> <u>If Yes,</u> <u>Are they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u> <u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u>		
<u>What would you say is the percent of time that you smoke your preferred brand?</u> <u>Less than 25% of the time</u> <u>25 - 49% of the time</u> <u>About 50% of the time</u> <u>51 - 75% of the time</u> <u>76 - 99% of the time?</u> <u>All of the time?</u>		
Before the [(BRAND(S))]'s that you smoke now, what brand did you smoke? <u>Were they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u>		

DRAFT

Items for Total Exposure Study Questionnaire

<u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u> <hr/> <p align="center">BRAND NAME</p> <p>Scented/herbal</p> <p>Generic</p> <p>Rolled own cigarette</p> <p>Always smoked same brand</p> <p>Don't know</p>		
<p>When you smoked (PREVIOUS BRAND)'S did you smoke more than, less than, or about the same number of cigarettes per day as you smoke now?</p> <p>More than</p> <p>Less than</p> <p>About the same</p> <p>Don't remember/know</p>		
<p>Do you use snuff now? (Yes No)</p>		
<p>Have you ever used snuff on a regular basis? (Yes No)</p>		
<p>How many years or months has it been since you used snuff? _____ months</p> <p align="center">NUMBER OF years</p>		
<p>Do you chew tobacco now? (Yes No)</p>		
<p>Have you ever chewed tobacco on a regular basis? (Yes No)</p>		
<p>How many years or months has it been since you chewed tobacco? _____ months</p> <p align="center">NUMBER OF years</p>		

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F:\Pilot Total Exposure Study Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 11

PM3001498684

DRAFT
Items for Total Exposure Study Questionnaire

ITEM						ACTION	SOURCE				
OCCUPATIONAL EXPOSURES											
Have you ever worked outside of the home for 6 months or longer?	(Yes No)					If "No," Go to	Fontham				
	Job Number:										
	1	2	3	4	5	6	7	8	9	10	
In what year did you begin your first (next) job which lasted 6 months or longer?											
Was this a full-time job?											
How many years did you work there?											
What was your job title?											
What were your activities on this job?											
What type of business or industry was this?											
SHOW CARD # __; Did you ever work with any of these substances on this job?											
If yes, which ones?:											

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Q*TES3.doc

Doc. Code: P0622

Page 12

PM3001498685

DRAFT
Items for Total Exposure Study Questionnaire

INTERVIEW: PART II

Purpose: To obtain detailed information on dietary habits, physical exercise, cigarette type and cigarette smoke exposure among remaining smokers and non-smokers

Method: Staff administered

DIET (DIARY?)

ITEM	ACTION	SOURCE
HOME HEATING SYSTEMS		
How would you describe the place you have lived for the longest during your adult life? 1. Farm 2. Rural areas, nonfarm 3. Small town (<20,000 population) 4. Large town (20,000-49,999 population) 5. Metropolitan area (50,000 or more population)		Fontham
How would you describe the place you currently live? 1. Farm 2. Rural areas, nonfarm 3. Small town (<20,000 population) 4. Large town (20,000-49,999 population) 5. Metropolitan area (50,000 or more population)		
What is the usual method of heating that has been used in your home or homes during your adult life? 1. wood-burning stove 2. natural gas 3. coal 4. electricity 5. fuel oil furnace 6. other, specify		
Diet (DIARY?)		
On the average, how many days per week do you eat the following foods? (If less than once a week, but at least twice a month, write 1/2.	<u>Will include questions that reflect childhood diet (e.g., Growing up would you say that you typically ate)</u>	CPS II
Beef	Cabbage/Broccoli/Brussel sprouts	
Pork	Raw vegetable	
Chicken/Poultry	Carrots	
Liver/Veal	Squash/Corn	
Ham/Wild Game	Citrus fruits/juices	
Fish/Seafood	Spaghetti/Macaroni/White rice	
Smoked meats	White bread/Rolls/Biscuits	
Frankfurters/Sausage	Brown rice/Whole wheat/Barley	
Butter	Bran/Corn muffins	
Margarine	Potatoes	
Cheese	Oatmeal/Shredded wheat/Bran	
Eggs	Cold (Dry) cereals	
Green leafy vegetables	Ice cream	
Tomatoes	Chocolate	

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qr_TES3.doc

Doc. Code: P0622

Page 13

PM3001498686

DRAFT

Items for Total Exposure Study Questionnaire

How many days a week do you eat the following foods?			
Fried eggs	French fries		
Fried bacon	Fried hamburgers or beef		
Fried chicken/fish	Other fried foods		
DO NOT EAT FRIED FOODS			
Do you eat a vegetarian diet? (Yes No)			
If "yes," what type and for how many years? _____			
Has there been a major change in your diet in the last 10 years? (Yes No)			
If "yes," what was the change?			
Do you now or have you ever added artificial sweeteners (saccharin or cyclamates) to coffee, tea, or other drinks or food? Yes, currently _____ formerly _____ Never			
If ever used artificial sweeteners, indicate amount per day and for how long.			
Packets:	No. per day: _____ Years: _____		
Drops	No. per day _____ Years: _____		
Tablets:	No. per day: _____ Years: _____		
Do you get your drinking water from: _____ City supply _____ Private well _____ Other, specify _____			
Do you add any substances to soften your drinking water? (Yes No)			
How many cups, glasses, or drinks of these beverages do you usually drink a day, and for how many years? (If you no longer drink a listed beverage, or your pattern has changed in the last ten years, indicate previous and current amounts. If less than once a day, but at least three times a week, write 1/2.)			
Beverages	Currently Amt. Yrs	Previously Amt. Yrs	
Whole milk (skim milk)			
Caffeinated coffee			
Decaffeinated coffee			
Caffeinated Tea			
Decaffeinated Tea			
Diet soda/ diet iced tea			
Non-diet colas			
Other non-diet soft drinks			
Beer			
Wine			
Hard liquor			
ALCOHOL USE			
In any one year, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)		If yes, GO TO	1999 NHIS
In your entire life, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)		If No, GO TO	

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Doc. Code: P0622

Page 14

PM3001498687

DRAFT

Items for Total Exposure Study Questionnaire

In the past year, how often did you drink any type of alcoholic beverage? ____ Number of days – Indicate time period (Week, month, year)		
In the past year, on those days that you drank alcoholic beverages, on the average , how many drinks would you say that you consumed on the average did you have ? ____ Was that 1 drink per day ____ 2 drinks per day? ____ 3 - 4 drinks per day ____ More than 5 drinks per day. How many days did you consume ____ drinks per day? Weekends differ?		
In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage ____ Number of days ____ Indicate time period (Week, month, year)		
How tall are you without shoes? Feet ____ Inches ____		
How much do you weigh without shoes?		

MEDICATIONS AND VITAMINS

How many times in the last month have you used the following and how long have you used them? (If none, write 0; if used only occasionally, write ½.				
Medications and vitamins	Times	Years		
Aspirins, Bufferin, Anacin				
Tylenol				
Vitamin A				
Vitamin C				
Vitamin E				
Multi-vitamins				
Blood pressure pills				
Diuretics (water pills)				
Thyroid medications				
Heart medications				
Anti-acid medications				
Valium				
Librium				
Prescription sleeping pills				
Tagamet (for ulcers)				

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TE3.doc

Doc. Code: P0622

Page 15

PM3001498688

DRAFT
Items for Total Exposure Study Questionnaire

<u>Allergy Medication</u> <u>Herbal or other Dietary</u> <u>Supplements</u> <u>(Please List)</u> Other: _____ _____				
For each medication bottle returned, indicate the following: • Name • Dosage • Strength • Regimen • Disease/condition for which prescribed • Length of time taking medication				

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Created on 7/22/2000 10:30 AM 7/6/00 10:54 AM Revised: 7/6/00

F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Q-TESS.doc

Doc. Code: P0622

Page 16

PM3001498689

DRAFT
Items for Total Exposure Study Questionnaire

ITEM	ACTION	SOURCE
PHYSICAL ACTIVITY		
Describe any hobbies or extracurricular activities that you participate in. For each, describe how often you engage in each hobby or extracurricular activity.		
How often do you <u>engage in</u> vigorous activities for at least 10 minutes <u>duration</u> that cause heavy sweating or large increases in breathing or heart rate? Never ____ (Number) – <u>times per</u> <u>Indicate time period</u> (<u>Day, Week,</u> _____ month, or year) Unable to do this type of activity	If never, GO TO	1999 NHIS
About how long do you <u>engage in</u> do these vigorous activities each time? ____ - Time period (minutes, hours)		
How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? Never ____ (Number) <u>times per</u> <u>Indicate time period</u> (<u>Day, Week,</u> _____ month, or year)		
About how long do you <u>deengage in</u> these light or moderate activities each time? ____ Number – Indicate time period (Week, month, year)		
How often do you <u>deengage in</u> physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.) ____ (Number) – <u>times per</u> <u>Indicate time period</u> (Day, week, _____ month, year)		

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Created on 7/22/2000 10:30 AM 07/05/00 10:54 AM Revised: 7/6/00

F:\Pilot Total Exposure Study Questionnaires.doc C:\WINDOWS\TEMP\Qx-TE83.doc

Doc. Code: P0622

Page 17

PM3001498690

DRAFT
Items for Total Exposure Study Questionnaire

ITEM	ACTION	SOURCE
ENVIRONMENTAL TOBACCO SMOKE EXPOSURE		
HOUSEHOLD EXPOSURE		
Determine marital or living status	If married or living with someone in a marital type relationship then proceed with ETS questions	COMAC-EPID (IARC)
For each marital/cohabiting relationship, determine the following: <ul style="list-style-type: none"> Time period What was smoked Amount smoked How often smoked in interviewee's presence Amount of products (cigarettes, cigars, pipes, etc.) smoked in interviewee's presence on weekdays and holidays/weekends. Number of hours exposed to tobacco smoke on average on weekdays and holidays/weekdays 	<u>Should differentiate between those who smoke inside their homes vs. those who do not.</u>	
For others who smoke in the same house or visited regularly other than the spouse, determine the following: <ul style="list-style-type: none"> Relationship Time period What was smoked How often smoked in presence of interviewee Amount of products (cigarettes, cigars, pipes, etc.) smoked in interviewee's presence on weekdays and holidays/weekends. Number of hours exposed to tobacco smoke on average on weekdays and holidays/weekdays 	<u>Smoke inside or outside?</u>	
<u>How many of your friends smoke? Would you say</u> <u>None</u> <u>Some</u> <u>Most</u> <u>All</u> <u>How many times per week do you visit these friends in their homes?</u> <u>Of the friends whom you visit, do they have friends/spouses/significant others who smoke?</u> <u>Yes</u> <u>No</u> <u>How many in your friends households smoke?</u> <u>None</u> <u>Some</u> <u>Most</u> <u>All</u>		
<u>Have you ever switched to a reduced tar/nicotine cigarette? If Yes, How Many Times?</u>		

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 F:\Pilot Total Exposure Study\Questionnaires.doc CA\WINDOWS\TEMP\Qx TES3.doc

Doc. Code: P0622

Page 18

PM3001498691

DRAFT
Items for Total Exposure Study Questionnaire

<p><u>If smoke cigarettes with a filter, ask:</u></p> <p><u>Do you ever remove the filter or your cigarette before smoking?</u></p> <p><u>Do you ever modify your cigarette or way of smoking (e.g., cover dilution holes, etc.)</u></p> <p><u>Typically when you smoke, how much of your cigarette is left unsmoked?</u></p>	<p><u>Adams/Jones to research literature and find how asked.</u></p> <p><u>Determine whether typically smoke down the rod: 3/4 length; 1/2 or less.</u></p>	<p><u>How often does that occur?</u></p>
<p><u>Do you often have cigarettes burn up in the ashtray?</u></p> <p><u>Is that after smoking most, some or very little?</u></p> <p><u>And what percent of time does this happen?</u></p> <p><u>How deeply do you inhale? Do you:</u> <u>Just puff; don't really inhale at all</u> <u>Inhale into the chest, but not too deeply</u> <u>Inhale into the chest deeply?</u></p>	<p><u>Should try to determine if inhale the same way all the time or if they vary depth of inhale. (e.g., puff the last half but inhale first half).</u></p>	
<p>EXPOSURE IN VEHICLES</p>		
<p><u>Do you typically smoke</u> <u>In your car with family or friends?</u> <u>Inside your car when alone?</u></p> <p>Have you ever (lifetime) traveled daily or at least a couple of times per week by car, train, bus or other enclosed vehicle which was smoky (or where you could at least smell tobacco smoke) most of the time? (YES NO)</p>	<p>If no GO TO</p>	
<p>If yes, for each age (age?) range determine the following:</p> <ul style="list-style-type: none"> Type of vehicle (Car, train, Bus/tram, other) Number of hours per day or week in the vehicle while exposed to smoke Indicate smoke intensity in the vehicle (Very smoky, fairly smoky or a little smoky) 		
<p>ETS INDOORS, IN PLACES OTHER THAN THE HOME, WORK PREMISES OR VEHICLES e.g., restaurants, bars, pubs, cinemas, theaters, friends' homes, etc.</p>		
<p>Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work. (YES NO)</p>	<p><u>Need to include work exposure (e.g., Smoke at work at desk or workstation; Smoke at work inside designated smoking area; Smoke outside in designated smoking area</u></p>	
<p>Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work. (YES NO)</p>		

ITEM	ACTION	SOURCE
ENVIRONMENTAL TOBACCO SMOKE EXPOSURE		

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Created on 7/22/2000 10:30 AM 97/05/00-10:54 AM Revised: 7/6/00

F:\Pilot Total Exposure Study\Questionnaires.doc G:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 19

PM3001498692

DRAFT
Items for Total Exposure Study Questionnaire

WORK EXPOSURE		
<p>If yes indicate where exposure took place and for each exposure determine the following:</p> <ul style="list-style-type: none"> • Time period • Number of hours per week exposed to tobacco smoke in this place • Smoke intensity (Very, fairly or a little smoky) 		
<p>Have you ever worked in an indoor place where you were exposed to tobacco smoke? (Yes No)</p>	If NO GO TO	
<p>If yes, for each job where the subject was exposed to ETS, determine:</p> <ul style="list-style-type: none"> • Time period • Smoke intensity (Very, fairly or a little smoky) • Number of hours/day on average exposed to tobacco smoke at work, including time spent at the canteen or during breaks? 		
<ul style="list-style-type: none"> • <u>Growing up, did your parent(s) or caretaker(s) smoke?</u> 		
CIGARETTE INFORMATION		
<p>Cigarette butt:</p> <ul style="list-style-type: none"> • Determine the number of butts returned • Determine the brand name(s) of the butts • Determine whether there are cigarette butts that were not returned 		
<p>Cigarette packs:</p> <ul style="list-style-type: none"> • Determine the number of packs returned • Using each pack, determine the: <ul style="list-style-type: none"> ➤ Brand name ➤ "Tar" and nicotine yield (FTC listing) ➤ Mentholation ➤ Filter type ➤ Circumference ➤ Cigarette length ➤ <u>Box or Soft Pack</u> • Determine agreement between number of cigarette butts and number of packs 		
<p>Determine number of cigarettes smoked during the two days prior to and during the day of urine sample collection</p>		

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F:\Pilot Total Exposure Study\Questionnaires.doc C:\WINDOWS\TEMP\Qx-TES3.doc

Doc. Code: P0622

Page 20

PM3001498693

DRAFT
Items for Total Exposure Study Questionnaire

ITEM		ACTION		SOURCE
Exposure to Chemicals From Other Sources				
For the following list of substances indicate whether the subject has had contact with it or used it outside of work.				Fontham (modified)
SUBSTANCES	CONTACT	If yes, during what years was this?		How would you describe your contact? 1. Regular, low 2. Occasional, low 3. Regular, moderate 4. Occasional, moderate 5. Regular, high 6. Occasional, high
		From: 19	To:	
Paints, lacquers or stains	Yes No			
Fabric dyes	Yes No			
Inks	Yes No			
Wooddust/sawdust	Yes No			
Cotton or other textile fibers or dust	Yes No			
Insecticides or garden sprays	Yes No			
Petrochemical plant emissions	Yes No			
Grain elevator dust	Yes No			

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Doc. Code: P0622

Page 21

PM3001498694